

Plan of Correction for Homestead Hills DHSR Survey 8-25-15

1. Begin immediately to issue work orders for repair, all work is scheduled to be completed no later than 9-11-15
2. Conduct safety survey throughout each building by the Director of Facility Services and maintenance staff to ensure all and any issues are in compliance.
3. Safety inspection will be implemented into semi-annual preventative maintenance program for inspection.
4. Monitoring will be continuous through the safety committee inspections as well as inspections by the Facility Services Maintenance staff through the preventative maintenance program.

Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: HAL034023	(X2) MULTIPLE CONSTRUCTION A. BUILDING: 01 B. WING: _____	(X3) C C
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NAME OF PROVIDER OR SUPPLIER

STREET ADDRESS, CITY, STATE, ZIP CODE

HOMESTEAD HILLS ASSISTED LIVING

2101 HOMESTEAD HILLS DRIVE
WINSTON SALEM, NC 27103

(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)
C 000	<p>Initial Comments</p> <p>Report of a Biennial Construction Survey by Frank Strickland and Ed Miller on 07/29/2015:</p> <p>Based on information gathered from the DHSR database, this facility was either first submitted or licensed for licensure on 01/01/1993. Based on this information, this facility is required to meet the 1991 Rules for the Licensing of Domiciliary Homes (Homes for the Aged and Family Care Homes); the applicable portions of the 2005 Rules for Adult Care Homes of Seven or More Beds; and the 1991 North Carolina State Building Code (1992 Revision), Section 409.1 Group I-Unrestrained Occupancy. FACILITY IS LICENSED FOR 66 BEDS (18 ALZ BEDS).</p> <p>Deficiencies have been cited and a Plan of Correction is required.</p>	C 000	<p>CONSTRUCTION SECTION</p> <p>AUG 28 2015</p> <p>RECEIVED</p>
C 189	<p>Building Equipment Maintained Safe, Operating</p> <p>SECTION .0300 - PHYSICAL PLANT 10A NCAC 13F .0311 OTHER REQUIREMENTS</p> <p>(a) The building and all fire safety, electrical, mechanical, and plumbing equipment in an adult care home shall be maintained in a safe and operating condition.</p> <p>(k) This Rule shall apply to new and existing facilities with the exception of Paragraph (e) which shall not apply to existing facilities.</p> <p>This Rule is not met as evidenced by: 1-Based on observation, the facility has failed to maintain the in a safe operating manner of the Fire Alarm notification components of the system. This would affect all staff and residents by allowing this unsafe condition to persist.</p>	C 189	<p>Sign Here</p>

Division of Health Service Regulation

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE

TITLE

Bobby G. Gresham Director of Facility Services 8-25-15

STATE FORM

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Division of Health Service Regulation

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C 189	Continued From page 1	C 189	
	Findings on 07/29/2015: The AV strobe did not activate when the Fire Alarm Test was conducted that is located across the hall from Room 308.		<i>Repair is scheduled For 8-27-15 with alarm repair vendor</i>
	2-Based on observation, the facility was maintained in a safe manner by not properly handling portable medical oxygen cylinders. This could affect all residents, staff and visitors if a cylinder fell, breaking their valves then propelling the cylinder into a dangerous projectile.		
	Findings on 07/29/2015: A medium duty M medical oxygen cylinder was stored standing upright and not secured in a rack or dolly that is located in the Oxygen Storage Room in 200 Hall.		<i>Storage rack was supplied by oxygen vendor on 8-13-15, Completed.</i>
	3-Based on observations, the facility was not maintained in a safe manner by preventing fire doors from closing rapidly in order to contain smoke and/or fire. This condition could affect all residents and staff by not containing smoke and/or fire in the compartment of origin.		
	Findings on 07/29/2015: The 1-1/2 hour fire rated fire door that is between the Kitchen and the Dining Hall was wedged in the open position.		<i>Door was closed on day of inspection. I told staff door had to stay closed. I also am obtaining price for hold open device tied to fire alarm panel.</i>
	4-Based on observation, the facility was not maintained in a safe manner because breaches through fire-rated construction invalidated its integrity. This could affect all residents and staff in the event that fire and/or smoke is not contained in a room or compartment of origin.		
	Findings on 07/29/2015: The fire sprinkler escutcheon plates for the		

Division of Health Service Regulation

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C 189	Continued From page 2 sprinkler heads located in Room 222 and 200 Hall Main Laundry Room behind dryer do not cover ceiling openings. 5-Based on observation, the facility was not maintained in a safe manner because breaches through fire-rated construction invalidated its integrity. This could affect all residents and staff in the event that fire and/or smoke is not contained in a room or compartment of origin. Findings on 07/29/2015: _____ There are ceiling penetrations due to gas piping and electrical installations that are located in the 200 and 300 Hall Mechanical Rooms that are not sealed. 6-Based on observation, the facility was not maintained in a safe manner because breaches through fire-rated construction invalidated its integrity. This could affect all residents and staff in the event that fire and/or smoke is not contained in a room or compartment of origin. Findings on 07/29/2015: _____ There are ceiling penetrations due to gas piping and electrical installations that are located in the Sprinkler Riser Room that are not sealed. 7-Based on observation, the building exterior doors have not been maintained to be easily operable. This will affect all residents and staff in the event of an emergency. Findings on 07/29/2015: _____ The exterior exit door that is located at the end of the 300 Hall and adjacent to Room 318, drags at the top of the door on the strike side and requires an excessive amount of force to open.	C 189	<i>Work orders were issued to maintenance staff for repair, scheduled completion date of 8-31-15</i> <i>work orders issued for repair, scheduled completion date of 9-4-15</i> <i>work orders issued for repair, scheduled date for completion 9-4-15</i> <i>work order issued for repair, scheduled with outside contractor, completion date - 9-9-15</i>

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION

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IDENTIFICATION NUMBER:

(X2) MULTIPLE CONSTRUCTION
A. BUILDING: 01

(X3) D
C

HAL 034023

B. WING

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(EACH DEFICIENCY MUST BE PRECEDED BY FULL
REGULATORY OR LSC IDENTIFYING INFORMATION)

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(EACH CORRECTIVE ACTION SHOULD BE
CROSS-REFERENCED TO THE APPROPRIATE
DEFICIENCY)

C 189

Continued From page 3

C 189

8-Based on observation, the building interior doors have not been maintained to maintain privacy. This could affect all residents in periods of privacy.

Findings on 07/29/2015 :

The interior corridor door for Room 403A does not latch.

9-Based on observation, the facility has not maintained the mechanical ventilation in several locations in the facility. This may effect the staff when using the facilities.

Findings on 07/29/2015

The mechanical ventilation system is not exhausting the interior air in the Laundry and Breakroom Bathroom that are located in the 300 HALL.

Work order issued for repair, completed 8-20-15

work order issued for
repair, scheduled completion
date - 9-9-15